

|   |  |                          |                    |
|---|--|--------------------------|--------------------|
| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).   |  | <b>Complete If Known</b> |                    |
| <h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">For FY 2005</h2> |  | Application Number       | 10/037,987         |
|   |  | Filing Date              | January 4, 2002    |
|   |  | First Named Inventor     | Murali Rajagopalan |
|   |  | Examiner Name            | David J. Butner    |
|   |  | Art Unit                 | 1712               |
| TOTAL AMOUNT OF PAYMENT   |  | (S)                      | 120.00             |
|   |  | Attorney Docket No.      | B01-30             |

## METHOD OF PAYMENT

Deposit Account: Deposit Account Number 502309 Deposit Account Name: Acushnet Company  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☐ Charge fee(s) indicated below, except for the filing fee  
☒ Credit any overpayments

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type                     | Filing Fee (\$) | Search Fee (\$) | Examination Fee (\$) | Fees Paid (\$) |
|--------------------------------------|-----------------|-----------------|----------------------|----------------|
| <input type="checkbox"/> Utility     | 300             | 500             | 200                  |                |
| <input type="checkbox"/> Design      | 200             | 100             | 130                  |                |
| <input type="checkbox"/> Reissue     | 300             | 500             | 600                  |                |
| <input type="checkbox"/> Provisional | 200             | 0               | 0                    |                |

## 2. EXCESS CLAIM FEES

| Fee Description   | Fee (\$)       |
|---|----------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent            | 50             |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200            |
| <b>Total Claims</b>   | <b>Paid TC</b> |
|   | 0              |
|   | 0              |

Paid TC = the greater of 20 or highest number of total claims paid for

| Independent Claims | Paid IC | Extra Claims | Fee (\$) | Fees Paid (\$) |
|--------------------|---------|--------------|----------|----------------|
|                    |         | 0            | 200      | 0              |

Paid IC = the greater of 3 or highest number of independent claims paid for

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | (round up to integer) | Fee (\$) | Fees Paid (\$) |
|--------------|--------------|-----------------------|----------|----------------|
| - 100 =      | / 50 =       |                       | 250      |                |

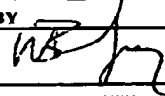
## 4. OTHER FEES

Extension for response within first month \$120

Other:

 Fees Paid (\$)  
 120

## SUBMITTED BY

|           |   |                          |                           |
|-----------|---|--------------------------|---------------------------|
| Signature |  | Registration No.: 48,619 | Telephone: (508) 979-3540 |
| Name      | William B. Lacy   | Date: March 8, 2005      |                           |